



## FAX MEMORANDUM

ATTN: Jim Greeves  
COMPANY: EPA  
FAX: 360-753-8080

DATE: 06-26-06

FROM: Don Airey  
PAGES: 6 Total  
RE: Spoko Fuel Convenience Store

ATTACHMENTS: Notification for Underground Storage Tanks  
EPA Form 7530


## COMMENTS:



Jim,

Sorry for the delay. We wanted to ensure we had all  
of the pertinent info. Original will be mailed to you.

Thanks!☐ Response Required

ORIGINAL

 <div style="display: inline-block; vertical-align: middle; text-align: center;">             United States  <b>Environmental Protection Agency</b>              Washington, DC 20460           </div>		Form Approved OMB No. 2050-0068	
<b>Notification for Underground Storage Tanks</b>			
State Agency Name and Address:		<b>STATE USE ONLY</b>	
<b>TYPE OF NOTIFICATION</b> <input checked="" type="checkbox"/> A. NEW FACILITY <input type="checkbox"/> B. AMENDED <input type="checkbox"/> C. CLOSURE		ID NUMBER: _____ DATE RECEIVED: _____ DATE ENTERED INTO COMPUTER: _____ DATA ENTRY CLERK INITIALS: _____	
2 Number of tanks at facility             _____ Number of continuation sheets attached		OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS: _____	
<b>INSTRUCTIONS AND GENERAL INFORMATION</b>			
<p>Please type or print in ink. Also, be sure you have signatures in ink for sections VII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.</p> <p>The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.</p> <p>Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.</p> <p><b>Who Must Notify?</b> Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:</p> <ul style="list-style-type: none"> <li>In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or</li> <li>In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.</li> </ul> <p>Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).</p> <p><b>What USTs Are Included?</b> An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").</p> <p><b>What Tanks Are Excluded From Notification?</b></p> <ul style="list-style-type: none"> <li>Tanks removed from the ground before May 8, 1986;</li> <li>Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;</li> <li>Tanks storing heating oil for use on the premises where stored;</li> <li>Septic tanks;</li> <li>Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;</li> <li>Surface impoundments, pits, ponds, or lagoons;</li> <li>Storm water or waste water collection systems;</li> <li>Flow-through process tanks;</li> <li>Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;</li> <li>Tanks on or above the floor of underground areas, such as basements or tunnels;</li> <li>Tanks with a capacity of 110 gallons or less</li> </ul> <p><b>What Substances Are Covered?</b> The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.</p> <p><b>Where To Notify?</b> Send completed forms to:</p> <p><b>When To Notify?</b> 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.</p> <p><b>Penalties:</b> Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.</p>			
<b>I. OWNERSHIP OF UST(s)</b>		<b>II. LOCATION OF UST(s)</b>	
Owner Name (Corporation, Individual, Public Agency, or Other Entity) <b>SPOKANE TRIBE OF INDIANS</b>		If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 36' 12" N, Longitude 85° 24' 17" W Latitude _____ Longitude _____	
Street Address <b>6195 FORD - WELLPINIT RD</b>		Facility Name or Company Site Identifier, as applicable <b>SPOKO FUEL &amp; CONVENIENCE STORE</b>	
County <b>STEVENS</b>		<input type="checkbox"/> If address is the same as in Section I, check the box and proceed to section III. If address is different, enter address below: Street Address <b>TBD</b>	
City <b>WELLPINIT</b>	State <b>WA</b>	Zip Code <b>99040</b>	County <b>SPOKANE</b>
Phone Number (Include Area Code) <b>509. 458. 6590</b>		City <b>AIRWAY HTS</b>	State <b>WA</b>
		Zip Code	

		United States <b>Environmental Protection Agency</b> Washington, DC 20460		Form Approved OMB No.2050-0068
<b>Notification for Underground Storage Tanks</b>				
<b>III. TYPE OF OWNER</b>		<b>IV. INDIAN COUNTRY</b>		
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Commercial <input type="checkbox"/> Local Government <input type="checkbox"/> Private		USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries. <input checked="" type="checkbox"/> USTs are owned by a Native American nation or tribe. <input checked="" type="checkbox"/>		
		Tribe or Nation where USTs are located: <div style="font-size: 1.2em; font-family: cursive;">SPOKANE TRIBE OF INDIANS</div>		
<b>V. TYPE OF FACILITY</b>				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> Gas Station</div> <div style="width: 33%;"><input type="checkbox"/> Railroad</div> <div style="width: 33%;"><input type="checkbox"/> Trucking/Transport</div> <div style="width: 33%;"><input type="checkbox"/> Petroleum Distributor</div> <div style="width: 33%;"><input type="checkbox"/> Federal - Non-Military</div> <div style="width: 33%;"><input type="checkbox"/> Utilities</div> <div style="width: 33%;"><input type="checkbox"/> Air Taxi (Airline)</div> <div style="width: 33%;"><input type="checkbox"/> Federal - Military</div> <div style="width: 33%;"><input type="checkbox"/> Residential</div> <div style="width: 33%;"><input type="checkbox"/> Aircraft Owner</div> <div style="width: 33%;"><input type="checkbox"/> Industrial</div> <div style="width: 33%;"><input type="checkbox"/> Farm</div> <div style="width: 33%;"><input type="checkbox"/> Auto Dealership</div> <div style="width: 33%;"><input type="checkbox"/> Contractor</div> <div style="width: 33%;"><input type="checkbox"/> Other (Explain) _____</div> </div>				
<b>VI. CONTACT PERSON IN CHARGE OF TANKS</b>				
Name: <div style="font-family: cursive;">DAVID ERNST</div>	Job Title: <div style="font-family: cursive;">DIRECTOR</div>	Address: <div style="font-family: cursive;">6195 FARB-WELLPINT WELLPINT, WA 99040</div>	Phone Number (Include Area Code): <div style="font-family: cursive;">509. 458. 6590</div>	
<b>VII. FINANCIAL RESPONSIBILITY</b>				
<input type="checkbox"/> I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms: Check All that Apply				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Self Insurance</div> <div style="width: 33%;"><input type="checkbox"/> Guarantee</div> <div style="width: 33%;"><input type="checkbox"/> State Funds</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Commercial Insurance</div> <div style="width: 33%;"><input type="checkbox"/> Surety Bond</div> <div style="width: 33%;"><input type="checkbox"/> Trust Fund</div> <div style="width: 33%;"><input type="checkbox"/> Risk Retention Group</div> <div style="width: 33%;"><input type="checkbox"/> Letter of Credit</div> <div style="width: 33%;"><input type="checkbox"/> Other Method (describe here) _____</div> <div style="width: 33%;"><input type="checkbox"/> Local Government Financial Test</div> <div style="width: 33%;"><input type="checkbox"/> Bond Rating Test</div> </div>				
<b>VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)</b>				
I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				
Name and official title of owner or owner's authorized representative (Print) <div style="font-family: cursive;">TODD X. ROTHROCK OWNERS AGENT</div>		Signature 		Date Signed <div style="font-family: cursive;">5/2/06</div>
<b>Paperwork Reduction Act Notice</b> EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 260, Appendix I. Previous editions of this notification form may be used while supplies last.				



United States  
Environmental Protection Agency  
Washington, DC 20460

Form Approved  
OMB No. 2050-0088

## Notification for Underground Storage Tanks

## IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (check only one)      Currently In Use Temporarily Closed Permanently Closed	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Date of Installation (month/year)	APRIL 06	APRIL 06			
3. Estimated Total Capacity (gallons)					
4. Material of Construction (check all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Coated and Cathodically Protected Steel Composite (Steel Clad with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Excavation Liner Double Walled Polyethylene Tank Jacket Concrete Unknown If Other, please specify here  Check box if tank has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
5. Piping Material (check all that apply)      Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
6. Piping Type      "Safe" Suction (no valve at tank) (Check all that apply)      "U.S." Suction (valve at tank) Pressure Gravity Feed Check box if piping has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



		United States <b>Environmental Protection Agency</b> Washington, DC 20460				Form Approved OMB No. 2050-0068	
<b>Notification for Underground Storage Tanks</b>							
Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____		
<b>X. CLOSURE OR CHANGE IN SERVICE</b>							
<b>1. Closure or Change in Service</b>  Estimated date the UST was last used for storing regulated substances (month/day/year)  Check box if this is a change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2. Tank Closure</b>  Estimated date tank closed (month/day/year) (check all that apply below) Tank was removed from ground Tank was closed in ground Tank filled with inert material Describe the inert fill material here	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>		
<b>3. Site Assessment</b>  Check box if the site assessment was completed Check box if evidence of a leak was detected	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>		
<b>XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)</b>							
<b>Installer Of Tank And Piping Must Check All That Apply:</b>							
Installer certified by tank and piping manufacturers  Installer certified or licensed by the implementing agency  Installation inspected by a registered engineer  Installation inspected and approved by implementing agency  Manufacturer's installation checklists have been completed  Another method allowed by State agency If so, please specify here	<input checked="" type="checkbox"/>       <input type="checkbox"/>	<input checked="" type="checkbox"/>       <input type="checkbox"/>	<input type="checkbox"/>       <input type="checkbox"/>	<input type="checkbox"/>       <input type="checkbox"/>	<input type="checkbox"/>       <input type="checkbox"/>		
Signature of UST Installer Certifying Proper Installation of UST System							
<u>SHANE ALAMILLO</u> Name <u>FIELD MANAGER</u> Position		 Signature <u>GRANITE PETROLEUM</u> Company		<u>4.26.06</u> Date			